APPLICATION FOR PERMIT TO CONDUCT BINGO CHARITABLE GAMES

INSTRUCTIONS: 1. Print or type and, if necessary, use additional sheets. Have application notarized. The completed form must be mailed to: PERMIT NUMBER TO: NAME OF ORGANIZATION IDENTIFICATION NUMBER ADDRESS OF ORGANIZATION (No. and Street) (City or Town) (State) (Zip Code) DATE ORGANIZED MAILING ADDRESS (No. and Street) (State) TELEPHONE NUMBER (City or Town) (Zip Code) OFFICERS OF THE ORGANIZATION NAME (Last, First, Middle) TITLE TITLE NAME (Last, First, Middle) 1. 3. ORGANIZATION MEMBERS WHO ARE HOLDERS OF PERSONAL IDENTIFICATION NUMBERS (Designate Member-In-Charge's Name With An Asterisk) NAME (Last, First, Middle) P.I.N. NAME (Last, First, Middle) P.I.N. 5. 6. 3. 7. 4. MEMBER IN CHARGE: Is the Member in Charge a bona-fide, active member of the ☐ YES □ NO organization and a member in good standing for at least six months? Check Type of Permit Applied for and Indicate Day(s) and Date(s): CLASS A (One day each week from Issue date to 9/30) (Fee: \$.00) CLASS B (Maximum of ten successive days) (Fee: \$.00 per day) DAY OF WEEK: _ TIME: _ _ TQ: ___ _____ TIME: ___ CLASS C (One day each month from issue date to 9/30) (Fee: \$.00) am JAN ___/___ FROM: __ TO: pm FROM: _ pm am FEB ___/____ FROM:_ pm ยท FROM: υm pm am am am am FROM: SEP pm TO: pm FROM: _ pm pm am am ________ FROM: pm FROM: _ pm pm am am am /___/_ FROM: __ FROM:_ TO: nm pm pm pm am am am FROM: _ DEC TO: _pm FROM: pm pm ADDRESS WHERE BINGO WILL BE PLAYED (No. and Street) (City or Town) (State) MAXIMUM SEATING (Zip Code) CAPACITY ACCORDING TO LAW: WHO OWNS THESE PREMISES? (Name) RENTING/LEASING? FOR OFFICE USE ONLY (No. and Street) (City or Town) (State) (Zip Code) □ NO ☐ YES SIGNED (Ranking Officer) I, the undersigned ranking officer of subject organization, do hereby state that all Bingo sessions operated by subject organization under this permit will be conducted in compliance with the DATE (Mo., Day, Yr. Connecticut General Statutes and with all Administrative Regulations concerning Bingo Games. SIGNED (Notary Public) MY COMMISSION EXPIRES: Personally appeared the signer of the foregoing statement and made oath before me to the truth of matters contained therein. DATE (Mo., Day, Yr.) DATE (Mo., Day, Yr.)

Application for Bingo Permit is approved

 INSTRUCTIONS: 1. Print or type, and attach all required material. 2. The completed form must be mailed to: 	
TO:	IDENTIFICATION NUMBER
MEMBER IN CHARGE	
Name (please print):	
Home telephone number: _()	
Work telephone number: _()	
governing Bingo and the Administrative Regulations, Operation	n, do hereby state that I have read the Connecticut General Statutes n Of Bingo Games, and that I will be responsible for the holding, the terms of the permit, and the provisions of the Bingo law and the
SIGNED (Member In Charge)	DATE (Mo., Day, Yr.)
BINGO SESSION	
Provide the time the doors open to the public:	
Provide the time the sale of cards or sheets begins:	
Provide the time balls will be drawn for the bonanza	game (if any):
Provide the time the bingo games will start:	
SPECIAL BINGO BANK ACCOUNT (for Class A&C	ONLY)
Account number:	
Attach a voided (not cancelled) check from the specia	al bingo bank account in the space provided below:
ATTACH VOIDED CHE (please staple the check on the left o	

Attach one <u>original</u> identifiable admission card, sheet or ticket. A photocopy is <u>not</u> acceptable.